

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES

Neil Kirkman Building - Tallahassee, FL 32399-0620

**APPLICATION FOR REGULAR AND MOTORCYCLE INTERNATIONAL WHEELCHAIR  
SYMBOL LICENSE PLATE**

\*\*\*\*\* SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY \*\*\*\*\*

I, \_\_\_\_\_, certify that I am a legal resident of Florida residing at

Street Address _____	City _____	State _____	Zip _____
and I am the registered <input type="checkbox"/> Owner <input type="checkbox"/> Lessee of the following described motor vehicle:			
Vehicle Identification Number _____	Year _____	Make _____	Color _____
Body _____	Florida Title Number _____		

Owner/Lessee Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_ CURRENT LICENSE PLATE \_\_\_\_\_

Florida Driver License Number or Florida Identification Number \_\_\_\_\_

**I certify that I qualify for the wheelchair symbol license plate as defined in sections 320.0843 or 320.0848, Florida Statutes, and I have obtained the appropriate physician/certifying practitioner's certification.**

**Check one:**

- ☐ Regular size license plate
- ☐ Motorcycle size license plate

\_\_\_\_\_  
SIGNATURE - DISABLED PERSON

\_\_\_\_\_  
Date

**PHYSICIAN/CERTIFYING PRACTITIONER'S STATEMENT OF CERTIFICATION  
For Disabled Person to Obtain a Regular or Motorcycle Size Wheelchair Symbol License Plate**

**This is to certify that \_\_\_\_\_ is legally blind or is a disabled person with a specific disability(ies) that limits or impairs his/her ability to walk 200 feet without stopping to rest. The specific disability(ies) is/are checked below:**

☐ **Legally blind (This is the only disability an Optometrist can certify)**

**\*\*\* NOTE: "Unable to walk 200 feet" is no longer a qualifying disability, unless it is due to one of the conditions listed below (a-f). \*\*\***

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>a.</b> Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit or the wheelchair symbol license plate.</p> <p><input type="checkbox"/> <b>b.</b> The need to permanently use a wheelchair.</p> <p><input type="checkbox"/> <b>c.</b> Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the person's arterial oxygen is less than 60 mm/hg on room air at rest.</p> | <p><input type="checkbox"/> <b>d.</b> Use of portable oxygen</p> <p><input type="checkbox"/> <b>e.</b> Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.</p> <p><input type="checkbox"/> <b>f.</b> Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.</p> |
|---|--|

Print/Type Name of Certifying Authority \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Business Street Address \_\_\_\_\_

(Area Code) Telephone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Certification or License No. **(Required)** \_\_\_\_\_ of Physician, Osteopathic or Podiatric Physician, Chiropractor, Optometrist, Advanced Registered Nurse Practitioner under the protocol of a licensed physician or a Physician Assistant licensed under Chapter 458 or 459.

**LICENSED IN THE STATE OF:** \_\_\_\_\_

**WARNING: Any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, Florida Statutes. The penalty is up to one year in jail or a fine of \$1,000 or both.**

## PROCEDURES AND INSTRUCTIONS

### **WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:**

1. Automobiles for private use or lease.
2. Trucks weighing 5,000 pounds or less or heavy trucks with a GVW less than 8,000 pounds.
3. Automobiles, which seat under nine passengers and are for hire.
4. Motor homes or truck campers.

### **PROVISIONS OF LAW:**

Section 320.0843, Florida Statutes, provides for the issuance of a wheelchair symbol license plate to any owner or lessee of a motor vehicle who qualifies for a disabled person parking permit under section 320.0848, Florida Statutes.

### **APPLICATION REQUIREMENTS:**

1. The form HSMV 83007 or 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section verifying the disability. See list below for acceptable "certifying authorities."
2. A copy of the vehicle registration certificate.
3. Proof of insurance indicating personal injury protection and property damage liability coverage.
4. Contact your Local County Tax Collector's office or License Plate Agency for fee information.

### **MOTORCYCLE WHEELCHAIR SYMBOL LICENSE PLATE MAY BE USED ON THE FOLLOWING TYPE VEHICLES:**

1. Motorcycles for private use or lease.
2. Mopeds for private use or lease.
3. Motorized bicycles for private use or lease.
4. Motorized disability access vehicles for private use or lease.

### **PROVISIONS OF LAW:**

Section 320.08035, Florida Statutes, provides for the issuance of a wheelchair symbol license plate on a motorcycle when the applicant meets the requirements defined in Section 320.0848, Florida Statutes.

### **APPLICATION REQUIREMENTS:**

1. The form HSMV 83007 or 83039 must be accurately completed, including the "Physician/Certifying Practitioner's Statement of Certification" section verifying the disability. See list below for acceptable "certifying authorities."
2. A copy of the vehicle registration certificate.
3. Contact your Local County Tax Collector's office or License Plate Agency for fee information.

### **CERTIFYING AUTHORITIES:**

The "**Physician/Certifying Practitioner's Statement of Certification**" section on the reverse side of this form **MUST** be completed by **one** of the following and must include the certifying authority's license number and the name of the state where their license was issued:

- Physician licensed to practice under Chapters 458, 459 or 460, Florida Statutes, or similarly licensed by another state.  
**NOTE: Documentation of the physician's licensure in the other state must be submitted.**
- Osteopathic Physician.
- Podiatric Physician.
- Chiropractor.
- Optometrist (for sight only).
- Physician who practices medicine in a military medical facility, state hospital or federal prison. Indicate the facility and the address.
- Advanced registered nurse practitioner licensed under Chapter 464, under the protocol of a licensed physician.
- Physician assistant licensed to practice under Chapter 458 or Chapter 459.

**A LICENSE PLATE WILL BE ISSUED AND MUST BE RENEWED ANNUALLY.**